



# Animal Health Veterinary Group

## Patient Registration Form

### Patient Information

(Your Pet)

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species (Circle one): Dog Cat Bird Rabbit Ferret Other: \_\_\_\_\_

Color(s): \_\_\_\_\_ Breed: \_\_\_\_\_

Neutered or Spayed? YES/NO If yes, at what age?: \_\_\_\_\_ Sex (circle one): Male/Female

Date last vaccinated: \_\_\_\_\_ Date of last Rabies vaccine: \_\_\_\_\_

Any known allergies? YES/NO If yes, what kind of allergies?: \_\_\_\_\_

Any previous medical conditions or surgeries: \_\_\_\_\_

Current medications or supplements given: \_\_\_\_\_

Regular/current diet (name of brand): \_\_\_\_\_

Are you interested in a 6 month heartworm preventative injection (dogs only)? YES/ NO

Previous Veterinarian: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have *health insurance* for your pet? YES/ NO If yes, what kind: \_\_\_\_\_

### Client Information

(The Owner)

Owner's Name: (Last) \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Is it okay to send reminder text messages?: YES/NO

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Please provide at least one of the following: SSN: \_\_\_\_\_ License Number/State: \_\_\_\_\_

Please show reception proof of valid personal identification!

### Vaccination Consent

The veterinarians at Animal Health Veterinary Group firmly believe the benefits of vaccination outweigh the risks. However, like any medical procedure, vaccinations carry inherent risks. Although most adverse reactions associated with vaccinations are minor, on rare occasions vaccinations may be associated with serious side effects.

Common reactions which normally occur in minutes to hours and subside within 24-48 hours:

- Pain or swelling at the injection site
- Tired and less active, more quiet than usual
- Loss of appetite

Very Rare but Severe reactions that require immediate veterinary care:

- Rapid, difficult, or noisy breathing (PANTING IN CATS)
- Severe trembling
- Facial Swelling (will be obvious) and/or hives (raised circular swellings on body)
- Sudden onset of vomiting or diarrhea
- UNRESPONSIVE sleepiness from which you cannot awaken your pet
- If the site of the vaccination remains swollen, or is getting larger one month following vaccination, or is still present three months after vaccination, PLEASE MAKE AN APPOINTMENT WITH US, as this could be the sign of a more serious problem.

### **PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED**

We accept Credit cards (Mastercard, VISA, Discover, American Express, Care credit) and cash only. We do not accept checks!

**No refunds are permitted. All refunds will be in clinic account credit only, no exceptions!**

**Pharmaceuticals and food purchases are final sale.**

*I understand that if I do not pay this account as agreed, the account is subject to costs of collections, attorney fees, and interest (any balance that is carried over a period of 30 days will accrue a monthly finance charge of 1.5% or 18% per annum). I understand that the hospital staff will provide an estimate of current and anticipated charges any time I request one. I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. By signing this form I agree to the payment terms and have read and accept the vaccination consent above.*

Owner Signature or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

#### **IN OFFICE USE ONLY!**

Form checked and input into computer by:

Initials: \_\_\_\_\_ Date: \_\_\_\_\_